

## Rushcliffe Care Limited

# The Hall

### Inspection report

Epinal Way Care Centre  
Epinal Way  
Loughborough  
Leicestershire  
LE11 3GD

Tel: 01509216616

Website: [www.rushcliffecare.co.uk](http://www.rushcliffecare.co.uk)

Date of inspection visit:

30 January 2020

04 February 2020

Date of publication:

09 March 2020

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Hall provides accommodation, nursing and personal care for up to 19 people diagnosed with a mental illness. There were 15 people using the service at the time of our inspection.

### People's experience of using this service and what we found

Staff knew the people they supported well and were caring and compassionate towards them. A person said, "I like living here because the staff work hard and are nice and kind." Staff involved people in decisions about their care and supported them to be independent and achieve their potential.

People felt safe using the service and staff understood where people were at risk and what to do to minimise this. The home was well-staffed to ensure people's needs were met. People had their medicines on time and how they wanted them. All areas of the home were clean, tidy and fresh. Accidents and incidents were analysed and the findings used to improve the care provided.

Staff completed a range of essential and specialist training courses to enable them to support people effectively. They worked closely with healthcare professionals to ensure people's physical health needs were identified and met.

People's liked the food served and their dietary needs were met. A person said, "The food is good, we get a choice." The home catered for a variety of diets including vegetarian and gluten-free.

People had activity care plans and the opportunity to take part in group and one-to-one activities. People said they enjoyed the exercise classes run by the home's occupational therapists. People's diversity needs were met and the home celebrated cultural and religious festivals and events.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home provided good-quality personalised care that achieved positive outcomes for people. A person said, "This place gets you better both mentally and physically." The register manager was well-organised, effective and approachable. The provider and senior staff carried out a range of quality assurance checks and audits to ensure the home was running safely and effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (based on an inspection on 21 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective  
Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring  
Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive  
Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led  
Details are in our Well-Led findings below.

Good ●

# The Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

The Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We looked at the information we held about the service, which included the provider's statement of purpose and any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about. We sought feedback from the local authority and health authority who commission with the home.

#### During the inspection

We spoke with three people using the service. We also spoke with the registered manager, assistant director, social worker, two support workers, kitchen supervisor, and representatives of the provider's compliance,

occupational therapy, and psychology departments.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. A person said the staff team's knowledge of health and safety made them feel safe. They told us, "I feel safe here because we have fire drills and the staff would help us leave if there was a fire."
- Staff worked closely with the local authority and the health service's CCG (clinical commissioning group) to ensure any safeguarding issues were reported and addressed.
- People and their relatives were invited to attend meetings on safeguarding to understand what it meant and who to go to if abuse was suspected.
- Staff were trained in safeguarding and understood their safeguarding responsibilities. Managers monitored safeguarding incidents to ensure they were dealt with in line with the provider's policies and procedures.

Assessing risk, safety monitoring and management

- Staff understood where people were at risk and what to do to minimise this. For example, a support worker told us how they monitored a person's skin integrity, in conjunction with the person themselves, to check there were no signs of damage.
- People had comprehensive risk assessments which staff followed to reduce the risk of harm. These were created by the home's multidisciplinary staff team and included input from support workers, nurses, occupational therapists, speech and language therapists, and psychologists.
- Areas of high-risk were highlighted in people's records so staff were aware of these. Good risk-management had led to a reduction in incidents for some people using the service.

Staffing and recruitment

- The home was well-staffed to ensure people's complex needs were met. Some people had one-to-one staffing to keep them safe. Staffing levels were flexible depending on the level of support people required at any one time.
- Staff were safely recruited following the provider's recruitment policy and procedures. New staff were not allowed to start work at the home until checks had been carried out to ensure they were fit to work in a care setting.
- Potential new staff had a 'sample day' at the home to see if they got on well with the people and that people liked them and wanted them to work at the home. This meant people had a say in who was employed to support them.

Using medicines safely

- People had their medicines on time and how they wanted them, for example, with a glass of water. A person said, "Staff bring me my medicines at the right time which is important." Medicines were safely stored and administered by trained staff.
- Improvements were needed to one person's medicines records with regard to an 'as required' medicine they took. There was a discrepancy between the information in their care plan and the information in their MAR (medicine administration record). In addition, it was not clear from the MAR what the minimal interval between medicines doses should be. No harm had come to the person as a result of this. The registered manager immediately corrected and resolved these issues.

#### Preventing and controlling infection

- All areas of the home were clean, tidy and fresh. A person said, "It is very clean here and the rooms are beautiful." Staff supported people to keep their own bedrooms and ensuite clean.
- Staff were trained in infection control and food hygiene and used PPE (personal protective clothing), for example gloves and aprons, when they needed to.

#### Learning lessons when things go wrong

- Managers logged and analysed accidents and incidents and used their findings to develop and improve the care provided. Staff used reflective practice to learn from accidents and incidents and discussed these in meetings and supervision sessions.
- The registered manager gave us examples of how lessons were learnt when things went wrong. For example, improvements were made to the way PPE was disposed of following an incident where an item of PPE was left in an unsafe place.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people before they came to the home to ensure their needs could be met. Assessments also considered the needs of the people currently living at the home to see if they were compatible with the needs of anyone new.
- Assessments covered people's health and social care needs and some of their cultural needs. The assessment form needed updating to ensure it covered all the protected characteristic determined by the Equality Act 2010. The registered manager said this would be done.

Staff support: induction, training, skills and experience

- The provider had their own training department and staff completed a wide range of mandatory and specialist training. This was provided in different formats, for example, classroom based, through a workbook, or online. A care worker said the training was 'excellent' and staff retained what they had learnt by discussing it with others in meetings and supervisions.
- Staff completed specialist mental health training, including courses on self-injurious behaviour and personality disorders, to enable them to meet the complex needs of some of the people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- People said they liked the food served and their dietary needs were met. A person said, "The food is a very good standard. They do vegetarian and gluten-free meals for me. I like fruit and I get lots. I also get gluten-free bread and cakes."
- Staff monitored people's dietary and fluid intake as necessary. A person told us, "The staff check on what I'm drinking. They write it down and monitor it to make sure I'm drinking the right amount."
- The home shared a kitchen with two of the provider's other homes on the same site. The kitchen prepared a healthy and varied diet based on people's preferences and cultural and dietary needs. People were regularly asked for their views on the food provided and changes made in line with their wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People with physical health needs had care plans for these. Records showed staff worked closely with healthcare professionals to ensure people's physical health needs were identified and met.
- All staff were trained in first aid and the home had its own defibrillator and anti-choking equipment. Staff monitored people's physical health and referred them to healthcare professionals as necessary.
- People had hospital grab sheets to aid quick information handover in an emergency. These were shared with healthcare professionals along with a copy of people's medicines records.

Adapting service, design, decoration to meet people's needs

- The home was purpose-built and spacious. All areas were accessible to people with restricted mobility. A person said, "It is very clean here and the rooms are beautiful."
- People's bedrooms were personalised. There were a range of communal areas so people could spend time with others or on their own if they preferred.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met

- Staff followed the principles of the MCA. They were trained in-house and by the local authority to support people who did not have capacity to make some of their own decisions, or whose capacity fluctuated.
- People who did not have the capacity to make specific informed decisions had DoLS authorisation which staff followed to ensure any restrictions on people were lawful.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The staff were caring towards people. A person said, "The staff are very kind. The [registered] manager is lovely." Another person told us, "If I was upset I would tell staff and they would talk to me and help me."
- Staff were knowledgeable about the people they supported and related to them well. A support worker said, "We [staff] understood the importance of meaningful interactions as a way of showing we care."
- Staff supported people to keep in touch with their family and friends. A support worker said, "If someone wants to ring their family we facilitate that."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in creating their own care plans and risk assessments and were invited to regular reviews of their care and support.
- Care plans set out how people wanted to receive their care and support. People had their own daily routines and staff supported them to determine their own lifestyles.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in privacy and dignity and treated people as unique individuals. A support worker said, "Everyone's different here in how they like staff to engage with them. Some like banter, others don't."
- People were encouraged to be independent and take responsibility, as far as possible, for their bedrooms, daily routines, activities, and shopping.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and how best to work with them. For example, a support worker explained their personalised approach to one of the people they supported. They told us, "Everything is in [person's time], you can't rush [person]."
- People had detailed care plans setting out their care and support needs. They included clear instructions to staff on how to support people in the way they wanted.
- Some people were using the Wellness Recovery Action Plan (WRAP) to complement their care. WRAP is a personalised wellness and recovery system. The home's social worker supported people on WRAP and facilitated individual and group sessions for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider's 'Your information, your way' posters were on display in the home telling people information could be made available to them in a range of formats on request, including easy read, large print, BSL/Makaton, and audio. We asked if information could also be translated into other languages for people and the registered manager and assistant director said it could and this would be added to the poster.
- People had care plans for their communication needs. Where necessary, staff had extra training to give them a better understanding of how to work with people with specific communication needs, for example those relating to visual impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People had activity care plans and the opportunity to take part in group and one-to-one activities. A person told us, "The outings are good. I went to the cinema with [staff member]. I had a drink and shared some popcorn and when I got home I had spaghetti bolognese. I enjoyed that day."
- Activities included exercise classes run by the home's occupational therapists. A person said, "I like the exercise classes. I did tai chi this morning and it was good." Another person enjoyed reading after staff supported them to improve their literacy.
- Staff ensured people's religious and cultural needs were met. One person attended a place of worship. Cultural and religious festivals and events were celebrated at the home.

#### Improving care quality in response to complaints or concerns

- People said they would tell staff if they had a complaint. A person told us, "If I was upset about anything I would tell the [registered] manager."
- Any complaints received were recorded and addressed. Complainants were told the outcome of their complaints and whether the home was taking any action as a result.

#### End of life care and support

- No end of life care was being provided at the time of our inspection. However, the staff were trained in providing this type of care and knew how to work in partnership with healthcare professionals to ensure people had the care and support they needed at the end of their lives.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a happy atmosphere and the staff were positive and kind which contributed to people's well-being. A person said, "The staff are very nice and always smiling and [registered manager] is always smiling too."
- The home provided good quality personalised care that achieved positive outcomes for people. Since being at the home some people had reduced their medicines, grown in confidence, and accessed the local community more independently. One person had moved into supported living which is what they wanted. A person told us, "I'm a lot better since I came here. I'm happy."
- Staff valued the people they worked with. A staff member said, "The people here have all got their own different struggles and it's a privilege to come and support them and be here for them. We just want them to be OK and we have realistic expectations for them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked in an open and transparent way when incidents occurred at the home in line with their responsibilities under the duty of candour.
- Staff said they were encouraged to speak out if they had any concerns about the service. A staff member said, "Managers and senior staff listen to us, right up to the top of this organisation."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles and their responsibilities towards the people they supported. Staff felt listened to and well-supported. They had regular supervisions and comprehensive training which helped to ensure they provided a good standard of care.
- Quality assurance checks and audits were in place. These included unannounced audits carried out by the provider's compliance team. Quality assurance was overseen at provider level to ensure good governance arrangements were in place for all aspects of the home.
- The home notified the Care Quality Commission and other agencies of significant events as required. Staff knew how to raise concerns within the service, and also how to escalate concerns to outside agencies where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People had a say in how the home was run. They were asked for their views at one-to-ones, meetings, and through other quality assurance initiatives. A person told us, "The staff ask us what we think of the home. I've been given survey forms to fill in."
- Relatives were invited to attend meetings at the home. Staff were asked for their views during supervisions and meetings. The assistant director and compliance team spoke directly to people when they audited the home.
- People's equality characteristics were given full consideration and their diversity needs met. The home welcomed people from a variety of different cultural backgrounds.

Continuous learning and improving care; working in partnership with others

- The home's psychologists were working with staff and people to better understand self-injurious behaviour. The psychologists' approach was based on new research and resulted in improved positive support plans being put in place for two people.
- The local authority and health authority who commission with the home carried out compliance visits in 2019. The home achieved high scores for compliance. Learning from the visits was shared with staff and areas for improvement were addressed and audited.